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THE HOSPITALS OF PARIS.

THE establishments for the relief of the sick and infirm at Paris may be distinguished into two kinds,—one consisting of the hospitals, properly so called; the other comprising what are denominated “hospices,” or houses for the reception of infants, and of old people who are affected with diseases supposed to be incurable.

There are fourteen hospitals scattered in different parts of the city, and of these the most extensive, the oldest, and the most celebrated, is the *Hôtel Dieu*; next in rank to the *Hôtel Dieu* comes the *Hopital de la Charité*, in the rue Jacob; and then follow *La Pitié*, in the rue Copeau; *St. Louis*, rue St. Louis; the *Hopital des Enfants Malades*, and the *Hopital Necker*, situated next to one another in the rue de Sevres; the *Hopital St. Antoine*, rue du faubourg St. Antoine; the *Hopital Cochin*, rue du faubourg St. Jacques; the *Hopital Beaujon*, rue du faubourg St. Roule; the *Hopital des Veneriens*, sometimes called the *Hopital du Midi*, or the Capucins, rue des Capucins; the *Hopital des Enfants Trouves*; the *Maison Royale de Santé*, rue du faubourg St. Denis; the *Maison d'Accouchement*, or *La Maternité*; and, finally, the *Clinical Hospital of the Faculty*, Place de l'Ecole de Médecine, which has been opened within the last few weeks.

The *Hospices* are eight in number; the two chief are *Salpetriere* and *Bicetre*, containing, one 5400 beds, the other above 3000. Besides these two immense establishments we have the *Hospice des Incurables Hommes*; the *Hospice des Incurables Femmes*; *L'Hospice des Menages*; *L'Hospice des Orphelins*; *L'Hospice de la Rochefoucault*; and *L'Institution de St. Pierre*. Before entering on a description of each hospital in particular, we shall give a few statistical observations on these establishments in general, for most of which we are indebted to a work lately published by M. Milné Edwards.

The number of patients admitted into the civil hospitals of the city of Paris in 1807 was 37,473; in 1817 this number amounted to 41,000; and in 1827 it had reached the sum of 53,000; the average admittances for seven years between 1819 and 1825, was 47,166, giving a proportion of 1 to 48 of the whole inhabitants of the city.

The average duration of time which each patient remains in the hospitals is 35 days, and the mortality is as 1 to 8.37.

The expense of keeping up the hospitals and hospices, which is defrayed by a few legacies, but chiefly by taxes raised on the theatres, on the pawnbrokers' shops, &c., amounts to about 2,700,000 francs for the former, and 3,000,000 for the latter, or 1,080,000 and 1,200,000 pounds

sterling ; and each patient costs in the hospitals one franc fifteen sols, in the hospices one franc seventeen sols, per day.

The hospitals and hospices are under the exclusive direction of a committee called the "Council General of Hospitals," named, we believe, by the government, and at present composed of the Prefects of the Seine and the Police, the Dean of the Faculty, the President of the Chamber of Deputies, and five or six marquises, dukes, barons, and commoners. The executive part is entrusted to a "commission administrative," and each principal hospital has an *agent de surveillance*, who lives in the establishment, and who directs all the interior concerns, the police, expenses, &c. The surgeons and physicians of the hospitals are appointed by the Minister of the Interior, on the recommendation of the Council General, who send in to him a list of three names, usually selected from the medical officers of the *Bureau Central*. However, from a late incident it would appear that the Council General assume the nomination, and only refer to the Minister on special occasions. To fill the office of head physician the candidate must be at least fifty years of age, and have been employed during ten years in the civil or military hospitals ; for physician it requires forty years of age, and twelve years of doctorate. The pupils attached to the hospitals are distinguished into *internes* and *externes*.

The *internes* have the charge of the patients during the absence of the medical men. They are bound to make the evening visit, administer any pressing assistance which may be required on the moment, keep an account of the cases, &c. The *internes* are appointed by concours, from candidates of all nations. Their office lasts generally for four years. They are lodged, and have about 20*l.* per annum, fire, &c.

The *externes* are also chosen by concours. Their duty is to aid and supply the *internes*. Besides this, each medical officer is attended during his visit, by an *elevé en pharmacie*, who acts as apothecary. And in the four hospitals where the cliniques of the faculty are given, there is a *chef de clinique*, whose duty it is to collect observations, and make the autopsies, &c., for the professor. They are appointed by the dean, and have 20*l.* per annum, with lodging. Finally, the duty of nurses is performed by the *sœurs hospitaliers*, better known as Sisters of Charity. There is about one to every five or six patients.

Patients, desirous of being admitted into the hospitals, must address themselves to a committee, who sit near the *Hôtel Dieu*. This, the *bureau central*, is composed of twelve physicians and six surgeons, all chosen by concours. They examine the patients, and give them tickets of admission to their special hospitals ; but in any case of emergency the patient is admitted by the *agent de surveillance* on the advice of the *interne*.

HOTEL DIEU.

This is the largest and most ancient of the Parisian hospitals. The two immense ranges of building which compose it, are erected, one on each side of the bank of the river Seine, and are connected together by a covered wooden bridge. The great mortality which formerly prevailed in this hospital was attributed to its unfavorable situation ; but other

causes, of a different nature, which are now happily removed, contributed in a much greater degree to this result. As late as the middle of the last century, the patients were crowded together, without any distinction of disease, or any regard for the consequences which invariably arise when sufficient space is not allowed for a free circulation of fresh air through the wards. At that time the hospital was surrounded by houses; the number of beds was double what it is at present; patients affected with contagious diseases and mental alienation, the old and infirm, lying-in women, in short, those laboring under every possible disease, were indiscriminately admitted, and crowded together, four in each bed, and on some occasions six, or even more.

But these and many other abuses have been long since removed; and the Hotel Dieu is now not only the hospital where the patients are best treated, but one of the most healthy in the capital.

The number of beds amounts to a little more than 1000; and the service of the hospital is administered by three surgeons, ten physicians, nineteen internes, and eighty-four externes and élèves en pharmacie. In the year 1833, the number of patients admitted was 16,992, of whom 1783 died, giving a mortality of 1 to 9.5. Adynamic fevers and hospital gangrene, once so frequent, are now rarely seen; but inflammations of the internal viscera are very frequent after surgical operations. For the last fifteen years the body of every patient who died in the hospital has been carefully examined; and the autopsies have clearly shown this remarkable circumstance, that the greater number of those cut off during the after-treatment of surgical disease, fell victims to an inflammation of the chest, abdomen, or some other internal viscus; hence general and local bleeding, refrigerants, counter-irritants, &c., are very generally used; while, for nearly 3000 patients, not more than a pound of bark internally, and a few pounds externally, are consumed during the course of the year.

The surgeons of the *Hotel Dieu* are MM. Dupuytren, Breschet, and Sanson, who divide between them about 224 beds. It is unnecessary for us to say anything of the first, who is already sufficiently known as one of the most distinguished surgeons in Europe. Before his late illness, M. Dupuytren used to lecture five times a week, and spend at least four or five hours per day in the hospital; his methods of treating artificial anus, spots in the cornea, gangrena senilis, &c. are familiar to every one.

During the year 1822, 280 cases of fracture were treated in the hospital, almost all by simple position of the limb; and fractures of the neck of the femur and humerus, exclusively in this manner. During the same year there were 111 amputations of limbs or tumors; 62 operations for cataract; 33 for strangulated hernia, and 8 for stone. The amputations are generally made with the circular flap; the cases of hernia are operated on at a very early period, and the operation of depression is the favorite one for cataract. The operation for the stone succeeds, according to M. Dupuytren's account, in five-sixths of the cases; for hernia, in three-fifths; for cataract, in seven-eighths; and that for fistula lachrymalis, by the introduction of a canula of gold or platinum, in nineteen-twentieths.

M. Breschet, the second surgeon, is also well known by his works on comparative and pathological anatomy ; he has lately introduced a new method of treating varicocele by compression ; the good effects of which may be daily seen in his wards.

M. Sanson, in addition to his clinical lectures, has also established, at the hospital, a clinique for diseases of the eye.

The medical service comprises ten physicians, who have between them 776 beds : the number of patients in the medical wards amounts to about 9000 per annum ; and the mortality is as one to thirteen. Of the physicians, we can only mention M. Chomel (who delivers an excellent clinique three times a week, and who is favorably known by his works on general pathology and typhous fever) ; M. Magendie and M. Recamier ; the latter practitioner employs, with much success, compression, in the treatment of cancerous affections, and is a strong advocate for cold affusion in cases of fever. Besides the clinique of M. Chomel, which he delivers as Professor to the School of Medicine, MM. Piorry and Trousseau lecture three times a week on the patients confided to their care.

[To be continued.]

EJECTION OF A STONE FROM THE RIGHT BRONCHUS, BY EMETICS.

BY CHARLES J. H. RAY, OF TONBRIDGE, ENGLAND.

JONATHAN BUMPSTEAD, a delicate-looking boy, ætat. 10, was on the 20th of August in perfect health. While rolling upon the grass that day, in sport, and having a stone in his mouth, he attempted to call out, when the stone suddenly disappeared from the mouth, and produced by its new position an immediate sense of suffocation, succeeded by frequent and violent paroxysms of coughing, dyspnœa, profuse perspirations, and complete inability to lie in the horizontal posture. Several practitioners were forthwith consulted, and aperients with other means were prescribed, in the hope of obtaining the passage of the stone, but without effecting that object, or in any way mitigating the distressing symptoms. I first saw him early in November, about twelve weeks after the occurrence of the accident, and feeling much interested in the case, from the preceding history, I was induced to pay attention to it, as it was then evident that his constitution could not long bear up against such continued suffering. He was much emaciated, had repeated fits of coughing, with copious frothy expectoration and dyspnœa ; he was unable to run, or to walk fast, appeared much distressed in ascending the stairs, and could not lie in the horizontal posture ; his pulse was small and frequent ; tongue whitish ; bowels regular ; urine scanty and high-colored ; perspiration profuse. He complained much of thirst, and felt a disinclination for nourishment. On auscultating either side, the loaded mucous rattle, so characteristic of sub-acute bronchitis, was distinct ; but in the right superior thoracic region a peculiar loud wheezing, as though caused by some uncommon obstruction, was evident. I marked the exact situation on his chest, with ink, where this peculiar sound appeared to originate, and on frequent subsequent explorations found it to be stationary. Consider-

ing the horizontal position of the body at the time of the stone passing from the mouth to have been favorable to its entering the trachea, with the inclination of that passage to the right side as it enters the chest, as also the increased size of the right bronchus when compared with the left, I felt satisfied that it must have taken that uncommon course, and was there producing the peculiar loud wheezing which I have described. I proposed a perseverance in the use of emetics, as alone likely to prove serviceable. This was willingly acceded to, and he commenced with the tartrate of antimony and ipecacuan, in full nauseating doses every other morning. Finding, however, that these produced much after-excitement, I discontinued their use, and suggested the employment of the sulphate of zinc, which answered my intent equally well, without producing the same unpleasant consequence. This plan was persevered in every other morning, for nearly three weeks, when, after having taken a full dose attended with violent retching, he ejected the stone, to the comfort and delight of himself and his friends, who instantly apprized me of the circumstance, bringing the stone with them, which I have now in my possession. In size and shape it much resembles a small date stone, and weighs half a drachm. The following day, on applying the stethoscope over my *ink mark*, I could discover no obstruction as before the ejection of the stone, nor any variation from the opposed side. He complained of considerable heat in the chest after the stone was removed, but he can now lie in the horizontal posture, run up-stairs without inconvenience, has little or no cough or expectoration, and appears to be rapidly convalescing, after about sixteen weeks of severe suffering.—*Lancet*.

A SINGULAR CASE OF DISLOCATION OF THE LENS IN BOTH EYES.

BY JOHN WATSON, M.D. OF NEW YORK.

BENJAMIN WILCOX, a seaman, in the New York hospital, born in New England, aged 30, has had a tremulous irides as long as he can recollect. His sight has always been weak. About ten years ago he received a blow from a rope which brought on inflammation. Since the receipt of the injury, these frequent attacks have materially injured his vision, and for the last seven years this eye has been of little use, although there is still a slight degree of vision remaining. The cornea is clouded, and the whole anterior chamber has a dull bluish cast. But what is most singular, is, that when he entered the hospital, May 20th, 1832, the lens was discovered in the anterior chamber of the aqueous humor, floating before the relaxed and tremulous iris. On the day subsequent to this, no appearance of the displaced lens was to be discovered. For dilating the pupil the eyelids were besmeared with the dilute extract of stramonium, and again on the second day after admission the lens was found floating in front of the iris; it appeared to have lost its translucency. The patient was directed to recline backwards; and in doing so, the lens also fell backwards into its natural situation. Until within a few days of his admission, the patient was ignorant of this condition of his left lens; but he stated that for three and a half years he had had a similar displacement

of the lens of the other eye ; but at present the right eye is clear, and in every respect appears perfect, with the exception of the tremulous condition of the iris as before noted ; yet the patient has very imperfect vision in this organ, for although it is more useful to him than his left eye, he has still not sufficient light to distinguish letters even of the largest print. The lens of the right eye, as he says, disappeared from the anterior chamber a few days before he entered, and it has not since fallen forward ; according to his own report, he can plainly discover it, apparently like a bright round spot in one corner of the eye. Both irides are nearly immoveable by this impression of light, yet the pupils do contract just sufficiently to be observed when the eyes are suddenly opened. There appeared to be no reason for doubting the patient's statement in relation to his right eye. Thousands, he says, have examined it, and many physicians of New England have taken minutes of his case. They have probably not noticed the like affection of the right eye, owing to the dimness of the cornea. His first notice of this peculiar affection was a severe and sudden pain in the eye while he was stooping forward. On requesting some one near him to look into the eye, he was informed that a little bag of water hung immediately before the sight. He lay down, covered his face with two or three folds of a handkerchief, and all at once the pain subsided, and the little bag of water disappeared. Subsequent to this, whenever he stooped, especially if in a dark place, or during a dark day, the lens would fall forward. In clear weather this was not the case, and on cloudy days, if the lens was not down, he could at will displace it, and this he was often induced to do, to satisfy the curiosity of his friends, or of strangers. But while the sun shone, or in a strong light, he could not do this. While the lens is down, there is always pain in the eye. We have tried the effect of convex glasses, and his sight is much better when he wears them. He is a stout, healthy man, and has never suffered from any constitutional disease. He had visited the Eye Infirmary prior to admission, but neither there nor at the Hospital was it considered proper to attempt any operation for his relief.

Note.—For another case of the preceding affection, see *Medico-Chirur.* April, 1833, page 299, from Damour's.

United States Medical and Surgical Journal.

A CASE OF ENCYSTED TUMOR SITUATED IN THE BICEPS-CRURIS MUSCLE.

BY J. P. METTAUER, M.D. PRINCE EDWARD COUNTY, VIRGINIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE case which forms the subject of this communication, had existed about fifteen years. The patient, at the time the operation was performed, was about fifty years of age, of sound constitution and good general health. The history furnished (by the patient himself) was, that about fifteen years ago, while sustaining a heavy weight, he felt something give way in the thigh, a little above the ham, causing him to sink under his burthen ; attended with severe pain at the time, and succeeded by lame-

ness of some days duration, with evident and well-defined soreness about the spot. The soreness as well as the lameness subsiding after a week or two, no further notice was taken of the injury for several months. At this time a small tumor was discovered, and seemed to occupy exactly the situation in which the sensations of giving way and pain had been felt. When first perceived, the tumor was about the size of a nutmeg, hard, and regularly formed. From this period it enlarged progressively, but slowly, impairing the motions of the limb, and becoming more and more painful as it increased in size. About a year before the tumor was removed, its growth was rapid, and it was very painful at times.

When I examined the case, an enlargement presented, fully eleven inches in length, and four or five in thickness, of unequal surface and very firm and elastic. The tumor occupied fully three-fifths of the biceps-flexor-cruris; extending, by a bagging elongation, below the ham. Long pressure in the ham had interrupted the circulation so as to dilate the veins below it, which in many parts of the leg, were in a varicose state. The motions of flexion and extension, though they varied its firmness and prominence, did not materially change the position of the tumor; it was less fixed and hard when the limb was flexed, and could also be made to glide from side to side when in this position.

The magnitude of the tumor, its progressive and rapid growth, together with the increasing pain and helplessness of the limb, determined me to attempt its removal, which was executed as follows. The patient was extended on a long table, with his back uppermost. A longitudinal incision was now made, commencing two inches above the femoral extremity of the tumor, and continued three inches below the ham. A transverse section was next made on one side, a little exterior to the outer margin of the biceps. These several incisions were carried cautiously through the integuments and cellular substance until the surface of the tumor was distinctly perceived. The flaps were then dissected back on each side low enough to expose the whole of it, as far as its imbedding between the hamstrings would permit. Upon a careful examination of the surface of the tumor now, it was discovered that muscular fibres, greatly extended and attenuated, formed its surface; and by tracing the tumor, it was ascertained that the biceps-flexor-cruris was its exclusive seat. Some embarrassment and perplexity was here experienced as to the nature of the case. The idea that the muscle might be in a state of hypertrophy afforded the best, but not a satisfactory explanation. It was, however, determined to cut into the tumor in the direction of the fibres of the muscle, to ascertain, if possible, its nature. Accordingly the scalpel was introduced, by cautious dissection, and its entrance into a cavity was announced by the gush of blood and a thick fluid of a brownish complexion. The opening being enlarged sufficiently to admit the finger, its introduction discovered the existence of an extensive cavity. The semi-fluid which had continued to issue being now carefully pressed out, the opening was enlarged by extending the incisions quite to the extremities of the emptied cavity. After sponging out the wound, it was ascertained that a cyst, varying from one quarter to one half of an inch in thickness, bounded the cavity in which the matter had been confined. The next step in the operation was to dissect away the cyst, which was accom-

plished with some difficulty on account of its great extent and deep imbedding between the hamstrings. Its removal was, at length, effected; and upon examining the cavity from which it had been taken, it was satisfactorily ascertained that the cyst had been surrounded and covered in every part by the fibres of the biceps, and that the tumor must have originated within the belly and substance of the muscle. The cavity was cleared of blood; and as no arterial jets could be perceived, ligatures (of course) were not required, the bleeding being only of the oozing character. The flaps, which had been turned back, were now brought together and retained in apposition by stitches of the interrupted suture, supported by adhesive straps, compresses and bandages.

The man suffered much during the operation, became faint, and required diffusible stimulants to restore the exhausted and sinking energies. Reaction came on after a short time, and the patient became comfortable, except the usual pain and smarting always succeeding surgical operations. Little traumatic fever followed, scarcely exceeding the elevated excitement of health. The pain of the muscle continued for some days. In six days the dressings were removed; at which time, most of the wound had united by the first intention. In ten days from the time of the operation, the wound had healed, except a part of one of the flaps, which from its extent, extreme thinness, and feeble circulation, became gangrenous and sloughed. At the date of this communication the man is well.

Remarks.—In the foregoing case there can be little reason to doubt that the tumor originated in rupture of some of the central fibres of the biceps-cruris, and that the accident must have occurred when the sensations of pain and giving way were first felt in the thigh. It is also very probable that effusion of blood took place at the same time into the cavity of the wound, which we may suppose was formed by retraction of the ruptured fibres of the muscle. The cyst which bounded the tumor, and constituted the parietes of its cavity, must have resulted from coagulable lymph, effused by the capillaries of the wounded and newly created surfaces during their adhesive efforts in a state of inflammation. Poured out from, and deposited upon these irritated and inflamed surfaces, the lymph became organized (as in ordinary cases, when it is the bond of union of divided parts), simply by elongation and extension into it, of the arterial and nervous capillaries of the supporting textures. But, in the present case, the surfaces not being allowed to approximate and reunite, in consequence of the contractions of the biceps, from the unrestrained motions of the limb, and the effused blood, the lymph became organized upon the surfaces of the wound, and formed into a membrane. Once formed, the actions of the cyst were maintained by an independent interstitial and irritative vitality, presiding over its economy, which, though feeble and imperfect, effected (nevertheless) its farther development and growth; and enabled it, likewise, to resist the absorbing powers of the surrounding textures. The internal surface of this newly-formed membrane possessed, also, absorbing and secreting properties; and to the latter, the fluid (which filled the cavity and mainly influenced the enlargement of the tumor) must be attributed.

A cyst formed according to these views, may be regarded as a decidu-

ous membrane, originating from inflammation induced in unnatural or accidental surfaces, kept asunder, disturbed and irritated, during the efforts of the adhesive inflammation. That such was the process in the formation of the cyst and tumor, of the preceding case, is at least probable.

The accident which originated the foregoing case is one of not very infrequent occurrence. I have myself known several instances of it; but a similar result has never before been witnessed by me. Having once been followed by troublesome, nay, dangerous consequences, the accident might again present a case similar or even of a more serious character. For this reason chiefly the case has been regarded as fraught with some interest, and communicated to the medical public with the following remediate suggestions.

After all such accidents it might be advisable to restrain the patient, as in cases of fracture; to support the injured parts with compresses, rollers and splints; and to maintain such confinement as the severity of the case may seem to demand. Should fever, or any other constitutional disturbances, occur, they should be promptly met by appropriate remedies. Every measure calculated to promote reunion should be adopted and rigidly enforced.

February 18, 1835.

MEDICAL QUESTIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Reports not unfrequently reach us of certain individuals who have fallen victims to a prescribed course of regimen. These persons are said, by gentlemen who are entitled to the fullest confidence, to have pertinaciously followed the course till they reached a point of reduction from which there was no recovery. If these are facts, they ought to be collected and published. And I beg leave, through your Journal, to request my medical brethren, if they have been called to advise in such cases, that they will have the kindness to answer, briefly, the following interrogatories, by mail, as early as convenient.

Should the substance of their replies ever be embodied in a small volume, they will not only receive a copy and the thanks of the author, but will have the pleasure to know they are assisting in the settlement of a question of great interest to the country. If it should appear probable that their patient was laboring under a decline at the commencement of the change of diet, this ought in candor to be fully disclosed.

It will be perceived, by the tenor of the questions, that they are designed to embrace not only unfortunate results of a change of diet, but such as are favorable. There are, in our community, considerable numbers who have entirely excluded animal food from their diet. It is exceedingly desirable that the results of such experiments, so difficult to be found in this land of plenty, should be ascertained and thrown before the profession and the community. Will physicians, then, have the kindness, if they know of any persons in their vicinity who have excluded animal food from their diet for a year or over, to lend them this number

of the Journal, and ask them to forward to Milo L. North, Hartford, Conn. as early as convenient, the result of this change of diet on their health and constitution, in accordance with the following inquiries.

1. Was your bodily strength either increased or diminished by excluding animal food from your diet ?

2. Were the animal sensations, connected with the process of digestion, more—or less agreeable ?

3. Was the mind clearer ; and could it continue a laborious investigation longer than when you subsisted on mixed diet ?

4. What constitutional infirmities were aggravated or removed ?

5. Had you fewer colds or other febrile attacks—or the reverse ?

6. What length of time, the trial ?

7. Was the change to a vegetable diet in your case preceded by the use of an uncommon proportion of animal food, or of high seasoning or of stimulants ?

8. Was this change accompanied by a substitution of cold water for tea and coffee during the experiment ?

9. Is a vegetable diet more—or less aperient than mixed ?

10. Do you believe, from your experience, that the health of either laborers or students would be promoted by the exclusion of animal food from their diet ?

11. Have you selected, from your own observation, any articles in the vegetable kingdom as particularly healthy or otherwise ?

N. B.—Short answers to these inquiries are all that is necessary ; and as a copy of the latter is retained by the writer, it will be sufficient to refer to them numerically, without the trouble of transcribing each question.

Hartford, February 25, 1835.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 11, 1835.

STATE LUNATIC HOSPITAL AT WORCESTER, MASS.

WITHIN a few days, a friend has kindly sent to our address the second annual report of the superintendent of this humane institution, Samuel B. Woodward, M.D. It includes the time between Dec. 1st, 1833, and Nov. 30th, 1834, and is well worth the perusal of the professional, as well as the general reader.

From an accurately drawn tabular statement, appended to the treasurer's report to the Executive, it appears that during the period adverted to, *two hundred and seventy-two* lunatics were received at the hospital. Of this catalogue, it is curious to remark that *one hundred and thirty-seven*, two more than one half of the whole, were single persons ; and only *fifty-seven* out of the whole number, had husbands or wives living at the time. Careful observation has long since demonstrated the fact that the unmarried, both male and female, are more liable to become insane, from all causes, than the married.

It is no less interesting, in a statistical view, that exactly *twelve widows* and the same number of *widowers*, were inmates of the asylum ; but the causes producing insanity in the two, were widely different. The widows were lunatics, mostly, from an *unknown* cause ; the widowers, on the other hand, in a majority of cases, became insane by excessive drinking.

The most frequent cause of insanity in the ancient Commonwealth of Massachusetts, the land of the pious pilgrims—and with shame it is spoken—is *intemperance*, that horribly debasing vice, which saps the foundation of reason, and makes man a beggar, a brute, a criminal, a fury, and everything, in turn, which is loathsome and abominable in the estimation of a virtuous mind.

The next, assuming to become one of the principal causes of insanity, in a cultivated, intelligent, christianized community, strange as it may appear, has its origin in the very lowest propensities of animal nature ; and it is therefore the more shocking to reflect upon the sad havoc which is continually made of both body and soul by this solitary vice, that invariably prostrates the physical and intellectual powers, and leaves the self-polluted wretch, in the sequel, a burden to himself and a reproach to our imperfect systems of moral education.

We admire the plain, business-like paper of the trustees, who present at once a chart of all that is important to be known.

"The class of *incurables* now embraces, and probably always must embrace, a large proportion of all the inmates of the hospital. This fact is an important one in reference to the success of the Institution. Of the whole number, *one hundred and eighteen*, in the hospital, over *seventy* belong to this class. Whilst the return of so large a body of our fellow-beings to the bosom and business of society, is for the most part hopeless, the State may well console itself with the reflection that their condition here is very essentially improved. The maniac of the most ferocious character, has here been, not indeed cured, but tamed and restored to the comforts and decencies of life."

In the following extract they have certainly given the higher authorities of the State some valuable information, for which physicians will feel equally obliged.

"During the past year, *one hundred and nineteen* patients have been received into the hospital ; of these, *fifty-five* were old cases, and *sixty-four* recent ones. In the same period, *one hundred and fifteen* have been discharged ; of these, *forty-nine* were old cases, and *sixty-six* recent ones. Of those discharged, *sixty-four* were cured—*twenty-two* improved—*sixteen* stationary—*four* idiotic—*eight* have died, and *one* has eloped. The cures amount to *fifty-five* and *three-fourths* per cent.

By an examination of the tables of *fourteen* French, and *twelve* English hospitals, only *two* are found—one English and one French—in which the proportion of cures is a very little larger : and both of these were private institutions, where a selection of patients could be made. In *five* American hospitals, running through a period of more than one hundred years, the proportion of cures is less.

Of the *forty-nine* old cases, discharged during the year, *ten* have been cured, *sixteen* improved, *fourteen* are stationary, *four* have died, and *one* has eloped—the cures amounting to *twenty* and a half per cent.

Of the *sixty-six* recent cases, *fifty-four* have been cured, *six* improved,

two stationary, and four have died—the cures amounting to *eighty-two and a quarter* per cent.

The average of recoveries in this hospital (55 3-4 per cent) may very properly be contrasted with that of several foreign public hospitals. In *thirteen* in Great Britain, the average is 35 per cent. In *five* French hospitals, it is 43 per cent. In *four* in Germany, it is 31 per cent.

The average number of patients in this hospital, during the year, has been *one hundred and seventeen*. Of these *eight* have died, which is a proportion of *one in fourteen and five-eighths*, or 6 4-5 per cent. In French hospitals, where the tables have been examined, the average of deaths is *twenty-two* per cent ; and those of England *twenty-four* per cent.

The number of town paupers in the hospital, at the close of the year, was *forty-seven* ; and of State paupers, *thirty-two*. *Eleven* have been received during the year by order of the higher courts. Of the *two hundred and seventy-two* patients, that have been in the hospital, *one hundred and sixty-three* were admitted by judicial authority, and *one hundred and nine* were private patients ; *one hundred and sixty-five* were males, *one hundred and seven* females. *One hundred and seventeen* were recent cases ; *one hundred and fifty-five*, old ones. Of the *thirty-six* charged with high offences, who have been committed to the hospital since it was opened, *eighteen* attempted homicide, and *nine* actually committed the crime."

New edifices are undoubtedly required, in order to meet the original design of the legislature, and the constant demands upon the institution.

"It has already been stated, that the hospital has been constantly full during the past year. For a period of *five* months, an accurate record was kept of the number of applications for admission. The whole number was *ninety-three* : of these, *forty-seven* individuals were received, and *forty-six* were necessarily rejected for want of room. Within the main building, consisting of six extensive galleries for the accommodation of the inmates, it is found impossible to maintain the classification which is desirable and important. The proportion, too, of males to females, being very nearly *two to one*, renders it necessary to bring the latter together in two of the galleries, making thereby the classification still more incomplete. Convalescents are compelled to intermingle with the unquiet and excited, and many inconveniences are felt, which cause the appliances of art and skill to be less promptly effectual, than they would be under other and more favorable regulations. These inconveniences may be remedied, and the general arrangements of the hospital be improved, by the erection of two additional buildings—one for the reception of convalescents, and the other for the incurable."

For the support of the entire institution the past year, which reflects so much honor on the wisdom and humanity of the State, only \$18,972 87 were required. There is but *one mean piece of economy* discoverable in the whole establishment, which for the credit of the State government should in future be kept out of sight—viz. allowing Dr. Woodward, the able and scientific superintendent, the pitiful sum of *twelve hundred dollars* for a salary ! If the doctor should again commence private practice, his income would be worth five thousand dollars a year to begin with.

LECTURES AT THE EYE INFIRMARY.

BY JOHN JEFFRIES, M.D.

THE *Fourteenth Lecture* treated of Hypopium, or deposit of matter in the anterior chamber of the eye. Three sources were assigned from which the matter might be formed; and in either case, inflammation of a grave character was always present. The nature of the discharge was remarked by the lecturer to vary in different cases, and was probably dependent upon the seat and degree of the inflammation. Having detailed the symptoms usually attendant upon hypopium, Dr. Jeffries proceeded to point out the rational principles upon which the treatment should be conducted. Active and efficient treatment was strongly urged, and strict attention on the part of the patient. The illustration of this disease was concluded with the relation of a case in point.

Staphyloma.—Having given a concise definition of the term, the lecturer proceeded to state its history and treatment. Two forms of Staphyloma were recognized, under the names of Conical and Spherical Staphyloma, and the mode of formation of each kind was described. The fallacy of the treatment which depends upon the application of escharotics, and upon scraping the cornea with a view of removing this disease, was made apparent. The radical cure of Staphyloma was clearly shown to be excision of the diseased parts. The nature and manner of performing the operation were fully explained, and evinced a thorough and practical acquaintance with the subject on the part of the lecturer.

Some interesting cases of Congenital Staphyloma (a rare occurrence) were related, after which, the remaining portion of the hour was devoted to the subject of granular lids with vascular cornea. The importance and frequency of this sequela of acute conjunctivitis with purulent discharge, was commented on; and the nature of the disease, as well as the mode of examination in such cases, were particularly described. The character of the discharge from the diseased lids was noted as peculiar, and a description was given of the appearance of the eye, with the train of distressing symptoms invariably attendant. The effect of the disease upon the general health of the patient was noticed, when Dr. Jeffries proceeded to the details of the treatment. The treatment recommended and pursued daily at the Infirmary with success, at first had in view, he stated, the removal of all inflammatory symptoms, and then of the immediate cause of the irritation. The means for fulfilling the latter indication were pointed out, and some very important observations were made upon the operation of division of the enlarged vessels upon the sclerotic conjunctiva.

A MEDICAL EDIFICE.

In the doings of the Mayor and Aldermen of Boston, the last week, is noticed an application in behalf of the Massachusetts Medical Society, to purchase the Adams School House, located in Mason Street, for the use of the Society. We know not with whom this scheme originated, but we are bold to say, that, for the honor of the Society, we hope no such bargain will be made. The proposition presupposes the actual possession of a sum of money large enough to provide the Society with proper accommodations. Let a building therefore be erected in some central place, the architectural exterior of which shall give evidence of its origin in a

civilized age, and not run hap hazard into a miserable contract for a gloomy old school house, crowded in behind the kitchens of Colonnade Row. Surely, the actual cost of fitting up that barricaded edifice would drag heavily upon the treasury ; and when all was done, it would be anything but a convenient or beautiful structure. It is evident that a small building only is required—for what is there in the archives of the Massachusetts Medical Society, either so bulky or so precious as to demand a colossal house to shelter it ? Nothing—and economy, as well as good taste, clearly shows that the Adams School House is not a desirable acquisition. When the fellows come together at the annual meeting, they will look into the matter with argus eyes—and select, too, so it is opined, a spot within this enterprising city in which the solar rays can reach a window, and the country members discover the front door without the vicarious aid of a branch pilot.

Editorial Dignity.—The well-known editor of the London Lancet has been elected a member of Parliament from the borough of Finsbury. This is an unusual distinction for a medical man, and seems, from the address of the gentleman to the independent electors, his constituents, to be particularly gratifying to his ambition.

Small Bleedings.—Prof. Thompson, in his sixth lecture at the North London Hospital, remarks, that the abstraction of a small quantity of blood does not debilitate ; on the contrary, by unloading the minute overburdened vessels, it restores their activity, and thence, often, the best mode of making a man plethoric, is to bleed him moderately every alternate day.

Bad tendency of Rest in Inflammation.—In a very ingenious paper on the influence of the antiphlogistic system in the treatment of diseases, by Henry Searle, Esq. surgeon, of Kensington, under date of Jan. 17th, he expressly declares that *rest* is injurious in cases of inflammation. In health, *exercise* is allowed to give general circulation to the blood ; and in disease, it decidedly tends to prevent or correct the local accumulation of blood at the seat of the phlegmasia. *Rest* is, therefore, improper, so long as the invalid is capable of attending to his usual avocations. To this doctrine we fully subscribe, though it is the first time we have found good authority sustaining an opinion long since adopted.

Cholera in Marseilles.—Though considerable alarm is manifested in that city, which has not been wholly free from the disease since its first appearance there, no cases had occurred, at our last accounts, in any of the prisons or hospitals ; nowhere, in fact, but in the lowest abodes of wretchedness and filth.

Use of Caustic.—On the 5th of January, at a meeting of the Academy of Sciences, M. Tauchon presented a new instrument for introducing caustic into the urethra. We take no sort of interest in knowing how it is constructed, fully believing caustic never ought to be inserted there, and that it would, under any circumstances, be just about as safe to thrust in a red hot wire, as caustic.

Record of Meteorological Observations for February, 1835.

1835 Feb'y	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Sun. 1	29.00	35.00	30.50	29.35	29.55	29.450	Cirri	NW		& S W. Th. 26° at 9h a.
Mon. 2	24.00	20.00	20.00	29.60	30.08	29.840	"	"		C.e.s. m. Th. 16 at 9h a.
Tues. 3	10.50	21.00	15.00	30.20	30.25	30.225	Cumuli	"		Ther. 9° at 9h a.
Wed. 4	2.50	10.00	6.25	29.90	30.10	30.000	"	"		" m.
Thur. 5	4.00	23.00	13.50	29.88	29.92	29.900	"	SW		" m.
Frid. 6	13.50	30.00	21.75	29.85	29.95	29.900	Cir. c. strat.	NE	.30	Snow [9h a.
Satur. 7	21.50	32.00	23.50	29.58	29.68	29.630	Cumulus	SW	.01	Slight snow. Th. 15° at
Sun. 8	3.50	13.00	8.25	29.55	29.75	29.650	Cumuli	"		A severe gale
Mon. 9	4.00	23.00	13.50	30.05	30.10	30.075	Cirrus	"		" m.
Tues. 10	7.00	24.00	15.50	30.12	30.15	30.135	"	NW		Stratus, m.
Wed. 11	6.50	31.00	18.75	29.75	30.02	29.885	Cirro cumuli	SW	.10	Snow, a.
Thur. 12	17.00	27.50	22.25	29.72	29.85	29.785	Cumuli	NW		" m.
Frid. 13	15.00	38.00	26.50	29.70	29.85	29.775	Cir. c. strat.	SW		Ther. 18° at 9h a.
Satur. 14	31.50	33.00	25.50	29.90	30.40	30.150	"	NW		" m.
Sun. 15	7.00	16.50	11.75	30.45	30.50	30.475	"	"	.02	Snow
Mon. 16	14.00	28.00	21.00	30.28	30.40	30.340	"	"	.10	Hail and snow
Tues. 17	25.00	31.50	28.25	29.90	30.25	30.075	"	"	.40	Rain and sleet
Wed. 18	30.00	25.00	27.50	29.65	29.78	29.715	"	"		NE, m.
Thur. 19	31.00	42.00	36.50	29.70	29.95	29.825	"	"	.10	(a. Snow, m.
Frid. 20	29.00	40.00	33.25	30.20	30.38	30.290	Cirri	"		Ther. 26° 50 at 9h a.
Satur. 21	27.00	42.00	34.50	29.95	30.30	30.125	Cir. c. strat.	SW		"
Sun. 22	35.00	50.00	42.50	29.68	29.92	29.800	"	"		"
Mon. 23	36.00	34.00	33.00	30.05	30.30	30.175	"	NW		Ther. 30° at 9h a.
Tues. 24	30.00	33.00	31.50	30.30	30.34	30.320	"	"		"
Wed. 25	30.50	28.50	34.50	29.93	30.30	30.115	"	SW	.01	Slight snow, m.
Thur. 26	27.00	33.50	28.25	29.93	30.05	29.990	"	NW		Ther. 23° at 9h a.
Frid. 27	14.00	15.50	13.50	29.75	30.05	29.900	"	"	.55	NE, m. C.m. Snow. Th.
Satur. 28	4.50	20.50	12.50	29.75	30.00	29.875	Cumuli	"		NE, m. [12° at 9h a.
Aggreg.	18.91	28.58	23.180	29.88	30.08	30.0718	Cir. c. strat.	NW	1.59	

RESULT.—Mean temperature, 23.180. Maximum, 22d, wind SW, 50.00. Minimum, 4th, wind NW, 2.50. Greatest daily variation, 13th, wind SW, 23.00. Least daily variation, 14th and 27th, wind NW, 1.50. Range of thermometer for the month, 47.50. Decrease of mean temperature from Jan. 3.045. Prevailing atmosphere, cirro-cumulo-stratus (cloudy).—Mean atmospheric pressure, 30.0178. Maximum, 15th, wind NW, 30.50. Minimum, 1st, wind NW, 29.35. Greatest daily variation, 14th, wind NW, 0.50. Least daily variation, 10th, wind NW, 0.03. Range of barometer, 1.15. Increase of atmospheric pressure from January, 00.0564. Prevailing wind, NW. Rain, &c. 1.59 inches.

Comparative with February, 1834.—Mean temperature, 33.800. Maximum, 52.00. Minimum, 6.00. Prevailing atmosphere, cirro-cumulo-stratus (cloudy).—Mean atmospheric pressure, 30.0116. Maximum, 30.50. Minimum, 29.65. Rain, 1.47 inches. Prevailing wind, NW.

Fort Independence, Boston, March 1, 1835.

B.

Traumatic Tetanus.—When a continued convulsion supervenes on lesion of structure, it is said to be, says Mr. Liston, *traumatic*, pertaining to a wound, and this form of disease is either acute, the spasms coming on suddenly, and involving all the muscles of the body in rapid succession—or, beginning more gradually, with less force, and after some considerable time, becoming universal. I have seen the disease, he remarks further, terminate fatally in forty-eight hours, from its first threatening.

Compound Dislocation of the Elbow-Joint.—This case shows the advantages which may sometimes be obtained from the expectant surgery in these dangerous accidents. The inferior extremity of the humerus had been driven completely out through the skin covering the front of the joint; the surgeon reduced the bone, brought the soft parts together, and applied a simple bandage, intending to wait the next day for operating. The pain, swelling, &c. which came on induced him to defer amputation; he bled the patient, and applied cold lotions to the part; the limb now became very tumid and cold, and covered with phlyctenæ; there was great fever and delirium, with ardent thirst, &c. Under these circumstances the surgeon thought it right again to luxate the bone, in order to remove all injurious pressure; this was done, and on the following day the pain, fever, &c. were less: in a few days the integuments about the wound mortified,

and the portion of exposed bone began to die. On the 21st day the surgeon removed with the bone-scissors a great part of the necrosed bone : after this operation the extremity of the bone was soon covered with healthy granulations ; the surface of the wound began to contract, and in a short time the patient was cured, with loss of the motions of the elbow-joint.—*Ann. Univers.*

Vaccine Report.—Dr. John A. Elkinton, Vaccing Physician for the Incorporated District of the Northern Liberties, Philadelphia, for the year 1834, reported the following number of persons successfully vaccinated by him since January 1, 1834, and ending December 31, 1834.

The whole number of persons vaccinated by him during the year, is *one thousand and sixty*, viz :—1st quarter, 617 ; 2nd quarter, 95 ; 3d quarter, 165 ; 4th quarter, 157 ; uncertain cases, 26.

Of these, 549 are males and 511 females, 973 white and 87 colored.

Dr. Seeger's Communication will be in type next week.

DIED—In Elizabeth City, N. C. Dr. Samuel S. Pool.—At Lexington, Ky. Raphael D. Mattingly, a student of medicine, in consequence of a wound received in a duel.—At Dennisville, Me. Benjamin Lincoln, M.D. aged 32, late Professor of Anatomy at Burlington College, Vt. Dr. Lincoln succeeded the late Dr. Wells at the University of Maryland, as lecturer on Anatomy, for one season.—At Baltimore, Dr. Caleb Jones, 26.

Whole number of deaths in Boston for the week ending March 7, 20. Males, 11—Females, 9.

Of lung fever, 7—old age, 2—debility, 1—typhous fever, 1—consumption, 5—scarlet fever, 1—croup, 1—affection of the brain, 1—unknown, 1. Stillborn, 2.

ADVERTISEMENTS.

VACCINE VIRUS.

PHYSICIANS in any part of the United States may hereafter be furnished with pure vaccine virus, by addressing the editor of the Boston Medical and Surgical Journal—*inclosing one dollar*. Letters must be post-paid, or they will not be taken from the Post Office. The virus will invariably be sent by the first mail, unless some other mode of conveyance is directed. Ten charged quills, an ample quantity for meeting any sudden emergency, and certainly sufficient to propagate a supply from, will be securely packed in a letter. The gentleman who has undertaken to keep the virus, will faithfully supply that which is positively genuine and recently taken.

Boston, March 4, 1834.

MODELS OF THE EYE AND EAR.

BROWN & PEIRCE, 87 Washington Street, up stairs, manufacture beautiful models of the human Eye and Ear, for the use of students in anatomy and operating surgeons. The eye, particularly, is considered exceedingly useful, as the anatomy, and the philosophy of vision, are plainly demonstrated. The internal ear is magnified two feet in length, from the meatus internus to the external ear—giving a diameter of four inches to the semicircular canals. These models are the invention of Dr. J. V. C. SMITH, formerly Professor of Anatomy at the Berkshire Medical Institution. Jan 21—tf

TO PHYSICIANS.

A good situation for a physician is about to be vacated in a flourishing village in Worcester County, and within a few miles of the town of Worcester. The place may be secured for a moderate consideration if applied for soon. Applications made to the editor of this Journal, post-paid, will be promptly attended to. March 4.

An eligible country situation for a medical practitioner, in one of the eastern counties of Massachusetts, for sale. One desirous of purchasing, may obtain further information by applying at this office. Letters from applicants, post-paid, directed to the editor, will reach the advertiser without delay. February 18.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, *gratis*.—Postage the same as for a newspaper.